

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Republican Party of Wisconsin

ADDRESS (number and street)

148 E. Johnson Street

☐Check if different  
than previously  
reported. (ACC)

Madison

WI

53703

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00074450

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2006

through

07

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Reince Priebus

Signature of Treasurer

Electronically Filed by Reince Priebus

Date

10

30

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Republican Party of Wisconsin

Report Covering the Period:

From:

M	M		D	D		Y	Y	Y	Y
0	7		0	1		2	0	0	6

To:

M	M		D	D		Y	Y	Y	Y
0	7		3	1		2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		60598.82
(b) Cash on Hand at Beginning of Reporting Period .....	188670.90	
(c) Total Receipts (from Line 19) .....	280177.50	1232140.94
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	468848.40	1292739.76
7. Total Disbursements (from Line 31) .....	140561.12	964452.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	328287.28	328287.28
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	93662.55	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Republican Party of Wisconsin

Report Covering the Period:

From:

M M  
0 7D D  
0 1Y Y Y Y  
2 0 0 6

To:

M M  
0 7D D  
3 1Y Y Y Y  
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	71280.00	230035.00
(i) Itemized (use Schedule A) .....	71565.44	578134.98
(ii) Unitemized .....	142845.44	808169.98
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	0.00	0.00
(b) Political Party Committees .....	11500.00	65900.00
(c) Other Political Committees (such as PACs) .....	154345.44	874069.98
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤		
12. Transfers From Affiliated/Other Party Committees .....	124200.00	341598.77
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1632.06	11920.49
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	4551.70
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	4551.70
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	280177.50	1232140.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	280177.50	1227589.24

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	3593.61	23107.14
(ii) Non-Federal Share.....	13582.04	86990.12
(b) Other Federal Operating Expenditures.....	47093.67	376977.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	64269.32	487075.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	2855.88
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	125.00	245.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	125.00	245.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	76166.80	474276.37
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	76166.80	474276.37
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	140561.12	964452.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	126979.08	877462.36

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	154345.44	874069.98
34. Total Contribution Refunds (from Line 28(d)) .....	125.00	245.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	154220.44	873824.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	50687.28	400085.11
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1632.06	11920.49
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	49055.22	388164.62

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Mark Aschliman  
Mailing Address 3970 N Oakland Ave

City State Zip Code  
Shorewood WI 53211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.24681

Amount of Each Receipt this Period

500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Paul Baek  
Mailing Address 4428 Gypsy Ln

City State Zip Code  
Oneida WI 54155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.24684

Amount of Each Receipt this Period

3600.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Robert Becker  
Mailing Address 3512 Wildwood Drive

City State Zip Code  
Manitowoc WI 54220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.24687

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

4200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: **PAGE 7 / 78**

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial)

John Best

Mailing Address W220N8124 Town Line Rd

City State Zip Code  
Menomonee Falls WI 53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.24688

Amount of Each Receipt this Period

250.00

Contribution

B. Full Name (Last, First, Middle Initial)

John Bryson

Mailing Address 7272 N. Bridge Lane

City State Zip Code  
Fox Point WI 53217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vaportek

Occupation  
Retired President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.24689

Amount of Each Receipt this Period

500.00

Contribution

C. Full Name (Last, First, Middle Initial)

John Bryson

Mailing Address 7272 N. Bridge Lane

City State Zip Code  
Fox Point WI 53217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vaportek

Occupation  
Retired President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.24690

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Kathryn Burke		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 7710 N Merrie Lane		<b>Transaction ID:</b> SA11A1.24691
City Fox Point	State WI	Zip Code 53217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Housewife	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
		Contribution

<b>B.</b> Full Name (Last, First, Middle Initial) Joan Burrell		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 3045 Lakota PI		<b>Transaction ID:</b> SA11A1.24697
City La Crosse	State WI	Zip Code 54601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		Contribution

<b>C.</b> Full Name (Last, First, Middle Initial) Judith Callan		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address 1711 E Dean Rd.		<b>Transaction ID:</b> SA11A1.24698
City Bayside	State WI	Zip Code 53217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1850.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Gregg Cayce  
Mailing Address 832 S. Madison

City State Zip Code  
Green Bay WI 54301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.24700

Amount of Each Receipt this Period

2500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Julie Cayce  
Mailing Address 832 S. Madison St.

City State Zip Code  
Green Bay WI 54301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L.A. Edlbeck Co

Occupation  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.24702

Amount of Each Receipt this Period

2500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Gail Chimenti  
Mailing Address 1527 Fox Ridge Ct

City State Zip Code  
De Pere WI 54115-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.24704

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

5250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Ron Chimenti		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address 1527 Fox Ridge Ct.		<b>Transaction ID:</b> SA11A1.24703
City De Pere	State WI	Zip Code 54115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Medalcraft Mint	Occupation President/Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Contribution

<b>B.</b> Full Name (Last, First, Middle Initial) Colleen Clark		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address 1680 Barrington Woods Dr.		<b>Transaction ID:</b> SA11A1.24707
City Brookfield	State WI	Zip Code 53045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) James Connelly		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address 800 West Bradley Road		<b>Transaction ID:</b> SA11A1.24709
City Milwaukee	State WI	Zip Code 53217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Foley & Lardner	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Peter Cooley Mailing Address 10611 Gazebo Hill Pwky City State Zip Code Mequon WI 53092 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.24711 Amount of Each Receipt this Period 500.00 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Harry Dahl Mailing Address PO Box 788 City State Zip Code La Crosse WI 54602 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Dahl Ford La Crosse Inc Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.24715 Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) Robert Dieck Mailing Address 5121 Russell Ct W City State Zip Code Greendale WI 53129 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Superior Financial Occupation Financial Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 378.00			Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.24716 Amount of Each Receipt this Period 178.00

**SUBTOTAL** of Receipts This Page (optional) .....

1178.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Daniel Donnellan Mailing Address PO Box 228 City State Zip Code Minocqua WI 54548 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Dans Minocqua Fudge Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.24717 Amount of Each Receipt this Period 75.00 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Thomas Ehram Mailing Address W325 N7212 Clearwater Ct City State Zip Code Hartland WI 53029 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer National Ins. Services Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 6 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.24718 Amount of Each Receipt this Period 100.00 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Randall Erkert Mailing Address 8240 N Pelican Ln City State Zip Code Milwaukee WI 53217 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Mallory & Zimmerman, S.C. Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.24719 Amount of Each Receipt this Period 500.00 Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Margaret Gardon  
Mailing Address 4364 Hilton Head Court

City State Zip Code  
Oneida WI 54155

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.24728

Amount of Each Receipt this Period

500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Margaret Gardon  
Mailing Address 4364 Hilton Head Court

City State Zip Code  
Oneida WI 54155

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5412.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.24731

Amount of Each Receipt this Period

4162.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mark Gardon  
Mailing Address 4364 Hilton Head Ct

City State Zip Code  
Oneida WI 54155

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Neurological Surgeons

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9965.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.24732

Amount of Each Receipt this Period

9965.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

14627.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
George Gialamas  
Mailing Address 100 Thorstrand Rd

City State Zip Code  
Madison WI 53705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gialamas Co.

Occupation  
Real estate development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 11 / 2006

Transaction ID: SA11A1.24734

Amount of Each Receipt this Period

1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Rick Graber  
Mailing Address 2726 East Shorewood Blvd

City State Zip Code  
Shorewood WI 53211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Reinhart & Boerner

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 06 / 2006

Transaction ID: SA11A1.24735

Amount of Each Receipt this Period

250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Thomas Hauske  
Mailing Address 4664 Fontana Beach Rd.

City State Zip Code  
West Bend WI 53095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 10 / 2006

Transaction ID: SA11A1.24740

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Henszey Mailing Address 334 N. Maple Terrace City Oconomowoc State WI Zip Code 53066 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 07 / 27 / 2006 <b>Transaction ID:</b> SA11A1.24743 Amount of Each Receipt this Period 1000.00 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Burleigh Jacobs Mailing Address 1020 Madera Circle City Elm Grove State WI Zip Code 53122 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer N/A Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00		Date of Receipt MM / DD / YYYY 07 / 14 / 2006 <b>Transaction ID:</b> SA11A1.24745 Amount of Each Receipt this Period 200.00 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) James Keyes Mailing Address 1522 N Prospect Avenue, Apt. 1802 City Milwaukee State WI Zip Code 53202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Johnson Controls Occupation Chairman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		Date of Receipt MM / DD / YYYY 07 / 24 / 2006 <b>Transaction ID:</b> SA11A1.24750 Amount of Each Receipt this Period 2500.00 Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

3700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Brian Knox Mailing Address 421 Milwaukee Ave City State Zip Code Fort Atkinson WI 53538 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer WD Hoard & Sons Co Occupation Publisher Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.24751 Amount of Each Receipt this Period 1000.00 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Dennis Korsmo Mailing Address 4720 Stratford Dr City State Zip Code Greendale WI 53129 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00			Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.24752 Amount of Each Receipt this Period 50.00 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Roger Kriete Mailing Address 4444 W Blue Mound Road City State Zip Code Milwaukee WI 53208 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Milwaukee Mack Sales, Inc Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.24755 Amount of Each Receipt this Period 500.00 Contribution

SUBTOTAL of Receipts This Page (optional) .....

1550.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)

Charles La Bahn

Mailing Address PO Box 503

City State Zip Code  
 Grafton WI 53024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orion Corporation

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.24756

Amount of Each Receipt this Period

500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)

Kathy Lochner

Mailing Address 1767 Rainbow

City State Zip Code  
 De Pere WI 54115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.24761

Amount of Each Receipt this Period

500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)

Donald Long

Mailing Address 1515 Fox Ridge Court

City State Zip Code  
 De Pere WI 54115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Imperial

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.24762

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 18 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Keith Mardak		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 2743 N Lake Dr		<b>Transaction ID:</b> SA11A1.24763
City Milwaukee	State WI	Zip Code 53211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Hal Leonard Publishing Co	Occupation President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Nancy Mattson		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address 601 Bordeaux Rue		<b>Transaction ID:</b> SA11A1.24764
City Green Bay	State WI	Zip Code 54301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mike Menard		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 40 Oak Creek Trail		<b>Transaction ID:</b> SA11A1.24766
City Madison	State WI	Zip Code 53717
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Real Estate	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**SUBTOTAL** of Receipts This Page (optional) .....

2350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Richard Merske  
Mailing Address W249N7480 Hillside Rd

City State Zip Code  
Sussex WI 53089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 18 / 2006

Transaction ID: SA11A1.24767

Amount of Each Receipt this Period

100.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Timothy Michels  
Mailing Address PO Box 1076

City State Zip Code  
Oconomowoc WI 53066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 11 / 2006

Transaction ID: SA11A1.24770

Amount of Each Receipt this Period

500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
J Miller  
Mailing Address 4933 Evergreen Drive

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Miller Engineers & Scientists

Occupation  
Civ. Engr.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 06 / 2006

Transaction ID: SA11A1.24771

Amount of Each Receipt this Period

25.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 20 / 78

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Detlef Moore		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address 3704 N Lake Dr		<b>Transaction ID:</b> SA11A1.24773
City Milwaukee	State WI	Zip Code 53211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Badger Bluegrass Co, Inc	Occupation Self	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) George Mosher		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address 4706 N. Wilshire Rd		<b>Transaction ID:</b> SA11A1.24774
City Whitefish Bay	State WI	Zip Code 53211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer National Business	Occupation President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) John Murray		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 2306 W Cumberland Ct 102N		<b>Transaction ID:</b> SA11A1.24776
City Mequon	State WI	Zip Code 53092
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. Jean Nelson

Mailing Address 887 S 16 Ct Apt A2

City State Zip Code  
 Sturgeon Bay WI 54235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.24779

Amount of Each Receipt this Period

125.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kelly O'Brien

Mailing Address 2401 E. Olive Street

City State Zip Code  
 Shorewood WI 53211-1735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WIS Ind. Businesses Inc.

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.24781

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Gary Ort

Mailing Address E8299 Collier Rd.

City State Zip Code  
 New London WI 54961-8303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wolf River Lumber Exec

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.24785

Amount of Each Receipt this Period

10000.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

10625.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Greg Pauly  
Mailing Address 1711 Circle Drive

City State Zip Code  
New Holstein WI 53061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.24786

Amount of Each Receipt this Period

1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
James Polaski  
Mailing Address W238 N4523 Woods Edge Dr.

City State Zip Code  
Pewaukee WI 53072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allied Insurance Center

Occupation  
Indep Insur

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.24788

Amount of Each Receipt this Period

250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Midge Pressentin  
Mailing Address 24949 Bay Cedar Dr.

City State Zip Code  
Bonita Springs FL 34134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.24790

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

**A.** Maurice Reese

Mailing Address 713 Lakewood Boulevard

City State Zip Code  
 Madison WI 53704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.24795

Amount of Each Receipt this Period

1250.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Patricia Reiman

Mailing Address 5850 N Kent Ave

City State Zip Code  
 Bayside WI 53217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.24796

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Paul Schierl

Mailing Address 2413 Hazelwood Lane, Suite B

City State Zip Code  
 Green Bay WI 54304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.24797

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Roy Schulz		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address 541 Barnum Bay Trl		<b>Transaction ID:</b> SA11A1.24799
City Nekoosa	State WI	Zip Code 54457
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation V.P. MFG	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Eric Schumann		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address 7312 Douglas Ave Box 396		<b>Transaction ID:</b> SA11A1.24798
City Racine	State WI	Zip Code 53402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Merit Gear	Occupation Gear Maker	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Eric Schumann		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 7312 Douglas Ave Box 396		<b>Transaction ID:</b> SA11A1.24801
City Racine	State WI	Zip Code 53402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Merit Gear	Occupation Gear Maker	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Eric Schumann  
Mailing Address 7312 Douglas Ave Box 396

City State Zip Code  
Racine WI 53402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Merit Gear

Occupation  
Gear Maker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.24802

Amount of Each Receipt this Period

100.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Joe Simek  
Mailing Address 611 N. Rd, PO Box 467

City State Zip Code  
Medford WI 54451

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.24805

Amount of Each Receipt this Period

500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Barbara Smith  
Mailing Address 3222 E Hampshire Ave

City State Zip Code  
Milwaukee WI 53211-3118

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.24806

Amount of Each Receipt this Period

200.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial)

Trygve Solberg

Mailing Address PO Box 50

City State Zip Code  
 Minocqua WI 54548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TA Solberg Company, Inc

Occupation  
Grocer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.24812

Amount of Each Receipt this Period

1250.00

Contribution

B. Full Name (Last, First, Middle Initial)

Thomas Stanek

Mailing Address 2475 Alta Louise Pkwy

City State Zip Code  
 Brookfield WI 53045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.24817

Amount of Each Receipt this Period

50.00

Contribution

C. Full Name (Last, First, Middle Initial)

Jane Triller

Mailing Address 616 Monroe St

City State Zip Code  
 Beaver Dam WI 53916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.24823

Amount of Each Receipt this Period

300.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. Jane Triller

Mailing Address 616 Monroe St

City State Zip Code  
 Beaver Dam WI 53916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.24825

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

B. Collette Warell

Mailing Address 540 W. Glenview Ave.

City State Zip Code  
 Oconomowoc WI 53066-2708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Housewife

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.24829

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

C. Peter Wegmann

Mailing Address 453 White Oak Trail

City State Zip Code  
 Hartland WI 53029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stewart Chase Co

Occupation  
Wine Importer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.24831

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

850.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 28 / 78

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)

Stephen Ziegler

Mailing Address N65 W35145 Rd. J

City

Oconomowoc

State

WI

Zip Code

53066-1811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IPC, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9875.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.24832

Amount of Each Receipt this Period

10000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

71280.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

**A.** AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 520 N. NORTHWEST HIGHWAY

City State Zip Code  
 PARK RIDGE IL 60068

FEC ID number of contributing  
federal political committee.

**C** C00255752

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.24834

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 175 E. Houston Street  
 Room 7-A-50

City State Zip Code  
 San Antonio TX 78205

FEC ID number of contributing  
federal political committee.

**C** C00109017

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: SA11C.24836

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** MARSHALL AND ILSLEY CORPORATION POLITICAL ACTION COMMITTEE FEDERAL ACCOUNT

Mailing Address 770 N WATER STREET

City State Zip Code  
 MILWAUKEE WI 53202

FEC ID number of contributing  
federal political committee.

**C** C00170696

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 2 / 2 0 0 6

Transaction ID: SA11C.24838

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

10500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 30 / 78

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 720 E. Wisconsin Ave.

City

Milwaukee

State

WI

Zip Code

53202

FEC ID number of contributing  
federal political committee.

C C00197095

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 7 / 2 0 0 6

Transaction ID: SA11C.24839

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

11500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 78

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) RNC		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address 310 First Street SE		<b>Transaction ID:</b> SA12.24840
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62100.00
Name of Employer	Occupation	Transfer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269900.00	

<b>B.</b> Full Name (Last, First, Middle Initial) RNC		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 310 First Street SE		<b>Transaction ID:</b> SA12.24841
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50000.00
Name of Employer	Occupation	Transfer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319900.00	

<b>C.</b> Full Name (Last, First, Middle Initial) RNC		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 310 First Street SE		<b>Transaction ID:</b> SA12.24842
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12100.00
Name of Employer	Occupation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332000.00	

**SUBTOTAL** of Receipts This Page (optional) .....

124200.00

**TOTAL** This Period (last page this line number only) .....

124200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 78

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)

PostMaster

Mailing Address PO Box 7005

City

Madison

State

WI

Zip Code

53707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2037.38

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 0 6

Transaction ID: SA15.24844

Amount of Each Receipt this Period

651.69

REINMB FOR BUS RPLY MAIL

**B.**

Full Name (Last, First, Middle Initial)

Sarah Ulrich

Mailing Address 151 W Gilman Apt B

City

Madison

State

WI

Zip Code

53704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1833.18

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 7 / 2 0 0 6

Transaction ID: SA15.24843

Amount of Each Receipt this Period

916.59

CObra

**SUBTOTAL** of Receipts This Page (optional) .....

1568.28

**TOTAL** This Period (last page this line number only) .....

1568.28



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

## **A. Airport Parking**

Mailing Address 55000020

City Madison State WI Zip Code

Purpose of Disbursement  
Parking-Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.24876

Date of Disbursement

06 / 07 / 2006

Amount of Each Disbursement this Period

14.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. America's Best Flowers Sea Cottage**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Gifts

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.24874

Date of Disbursement

06 / 05 / 2006

Amount of Each Disbursement this Period

103.59

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. Anduzzi's Sports Club**

Mailing Address 403 W. College Avenue

City Appleton State WI Zip Code 54911

Purpose of Disbursement  
Meal Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.24866

Date of Disbursement

05 / 18 / 2006

Amount of Each Disbursement this Period

146.50

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

**A.** Arlington Yellow Cab

Mailing Address

City

State  
VA

Zip Code

Purpose of Disbursement

Cab Fare

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.24887

Date of Disbursement

/   /

Amount of Each Disbursement this Period

17.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Best Buy

Mailing Address Store#59

City

Madison

State  
WI

Zip Code  
53704

Purpose of Disbursement

DVD & Office Supplies

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.24860

Date of Disbursement

/   /

Amount of Each Disbursement this Period

199.32

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Best Buy

Mailing Address Store#59

City

Madison

State  
WI

Zip Code  
53704

Purpose of Disbursement

Phone Headset

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.24872

Date of Disbursement

/   /

Amount of Each Disbursement this Period

89.66

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

## **A. Capital Hilton**

Mailing Address 1001 16th Street

City Washington State DC Zip Code 20036

Purpose of Disbursement

Parking Garage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24884

Date of Disbursement

06 / 07 / 2006

Amount of Each Disbursement this Period

34.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. ESPN Zone**

Mailing Address 555 12th St NW

City Washington State DC Zip Code 20004

Purpose of Disbursement

Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24879

Date of Disbursement

06 / 07 / 2006

Amount of Each Disbursement this Period

17.94

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. Famous Flamiglia**

Mailing Address

City Belvidere State IL Zip Code

Purpose of Disbursement

Phone/internet

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24892

Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

3.54

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 78

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

## **A. Gateway Ventures**

Mailing Address P.O. Box 1998

City Madison State WI Zip Code 53701

Purpose of Disbursement  
Fundraising Consultant - not FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.24603

Date of Disbursement

07 / 22 / 2006

Amount of Each Disbursement this Period

16000.00

Full Name (Last, First, Middle Initial)

## **B. Rick Graber**

Mailing Address 2726 East Shorewood Blvd

City Shorewood State WI Zip Code 53211

Purpose of Disbursement  
Reimbursement Room Rental - not FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.24855

Date of Disbursement

07 / 18 / 2006

Amount of Each Disbursement this Period

561.42

Full Name (Last, First, Middle Initial)

## **C. HMSHost**

Mailing Address 1 Aviation Circle

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.24878

Date of Disbursement

06 / 07 / 2006

Amount of Each Disbursement this Period

14.52

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

16561.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

## **A. Home Depot**

Mailing Address 4155 North Port Washington Road

City Milwaukee State WI Zip Code 53212

Purpose of Disbursement  
lawn care

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.24849

Date of Disbursement

05 / 11 / 2006

Amount of Each Disbursement this Period

14.75

[MEMO ITEM]

## **B. James R. Long**

Mailing Address 5735 West Spencer Street

City Appleton State WI Zip Code 54914

Purpose of Disbursement  
Field Office Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.24605

Date of Disbursement

07 / 08 / 2006

Amount of Each Disbursement this Period

1000.00

## **C. M&I Bank Credit Card Processing Center**

Mailing Address PO Box 3052

City Milwaukee State WI Zip Code 53201

Purpose of Disbursement  
Finance Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.24899

Date of Disbursement

06 / 12 / 2006

Amount of Each Disbursement this Period

69.54

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

**A. M&I Bank Credit Card Processing Center**

Mailing Address PO Box 3052

City Milwaukee State WI Zip Code 53201

Purpose of Disbursement  
CC Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB21B.24848**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1269.37

**B. M&I Bank of Southern Wisconsin**

Mailing Address P.O. Box 5920

City Madison State WI Zip Code 53705

Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB21B.24607**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

11.95

**C. M&I Bank of Southern Wisconsin**

Mailing Address P.O. Box 5920

City Madison State WI Zip Code 53705

Purpose of Disbursement  
Preauthorized Bank Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB21B.24610**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

530.08

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1811.40

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial)  
M&I Bank of Southern Wisconsin

Mailing Address P.O. Box 5920

City Madison State WI Zip Code 53705

Purpose of Disbursement  
Line Of Credit Interest

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24606

Date of Disbursement

07 / 18 / 2006

Amount of Each Disbursement this Period

523.35

B. Full Name (Last, First, Middle Initial)  
National Cab

Mailing Address

City Wahington DC State WA Zip Code

Purpose of Disbursement  
Cab Fare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24880

Date of Disbursement

06 / 07 / 2006

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)  
OHARE - Hilton

Mailing Address

City Chicago State IL Zip Code

Purpose of Disbursement  
Parking Garage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24897

Date of Disbursement

06 / 12 / 2006

Amount of Each Disbursement this Period

38.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

523.35

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

## **A. Paypal, Inc.**

Mailing Address #774100, 4100 Solutions Center

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement  
Verisign Payment Services/On line pymts

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24862

Date of Disbursement

05 / 16 / 2006

Amount of Each Disbursement this Period

19.95

[MEMO ITEM]

## **B. Pinkus Market**

Mailing Address

City Madison State WI Zip Code 53703

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24864

Date of Disbursement

05 / 15 / 2006

Amount of Each Disbursement this Period

43.42

[MEMO ITEM]

## **C. PostMaster**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 7005

City Madison State WI Zip Code 53707

Purpose of Disbursement  
Postage not FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24608

Date of Disbursement

07 / 04 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. PostMaster</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 7005 City Madison State WI Zip Code 53707 Purpose of Disbursement Postage (Not FEA) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B.24609</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00
<b>B. Radisson Paper Valley Hotel</b> Full Name (Last, First, Middle Initial) Mailing Address 333 W. College Ave City Appleton State WI Zip Code 54915 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B.24869</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 284.21 <b>[MEMO ITEM]</b>
<b>C. RJ Johnson &amp; Associates</b> Full Name (Last, First, Middle Initial) Mailing Address N7130 North Lost Lake Road City Randolph State WI Zip Code 53956 Purpose of Disbursement Political Consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B.24611</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 14000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Rocky Rococo</b> Full Name (Last, First, Middle Initial) Mailing Address 1301 Regent City Madison State WI Zip Code 53711 Purpose of Disbursement Meal Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B.24868</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 14.60 <b>[MEMO ITEM]</b>
<b>B. Showcase Business Center</b> Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Phone Use Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B.24889</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 3.48 <b>[MEMO ITEM]</b>
<b>C. Showcase Business Center</b> Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Phones/internet Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B.24894</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 3.84 <b>[MEMO ITEM]</b>
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		0.00
<b>TOTAL</b> This Period (last page this line number only) .....		

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

## **A. Smokey Bones**

Mailing Address 2475 S. Onieda St.

City Green Bay State WI Zip Code 54304-5201

Purpose of Disbursement

Meal Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24870

Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

71.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. Stratagem Group, Inc.**

Mailing Address 2568 N. 124th Street #425

City Milwaukee State WI Zip Code 12345

Purpose of Disbursement

Political Consultatant

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24614

Date of Disbursement

07 / 07 / 2006

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

## **C. Stratagem Group, Inc.**

Mailing Address 2568 N. 124th Street #425

City Milwaukee State WI Zip Code 12345

Purpose of Disbursement

Political Consultant

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24616

Date of Disbursement

07 / 30 / 2006

Amount of Each Disbursement this Period

3500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

## **A. The Doghouse -BELVID**

Mailing Address

City State Zip Code  
Belvidere IL

Purpose of Disbursement  
Phone/Internet

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.24895

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
06 09 2006

Amount of Each Disbursement this Period

8.62

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. Unisource Direct**

Mailing Address 925 Harrington Drive

City State Zip Code  
Madison WI 53718

Purpose of Disbursement  
Finance Mailing (Not FEA)

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.24617

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 08 2006

Amount of Each Disbursement this Period

3697.50

Full Name (Last, First, Middle Initial)

## **C. Walmart**

Mailing Address 4198 Nakoosa Trail

City State Zip Code  
Madison WI 53714

Purpose of Disbursement  
DVD

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.24873

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
05 30 2006

Amount of Each Disbursement this Period

25.29

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

3697.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 78

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

**A.** Windway Capital Corp

Mailing Address 630 Riverfront Drive #200

City  
Sheboygan

State  
WI

Zip Code  
53082

Purpose of Disbursement  
Software

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.24618

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

47093.67

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

**A.** American Funds Service Company

Mailing Address PO Box 6164

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement  
Simple IRA plan

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB30B.24623

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 13 / 2006

Amount of Each Disbursement this Period

1098.86

Full Name (Last, First, Middle Initial)

**B.** American Funds Service Company

Mailing Address PO Box 6164

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement  
Simple IRA plan

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB30B.24624

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 30 / 2006

Amount of Each Disbursement this Period

1139.63

Full Name (Last, First, Middle Initial)

**C.** Kimberly Barton

Mailing Address N24W30863 Fairway Ct

City Pewaukee State WI Zip Code 53072

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB30B.24625

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 13 / 2006

Amount of Each Disbursement this Period

178.06

**SUBTOTAL** of Disbursements This Page (optional) .....

2416.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Kimberly Barton		<b>Transaction ID:</b> SB30B.24626 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 6</div> </div>
Mailing Address N24W30863 Fairway Ct		<b>Amount of Each Disbursement this Period</b> <div>229.06</div>
City Pewaukee State WI Zip Code 53072		
Purpose of Disbursement Payroll	<div>Category/Type</div>	
Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Dudley Bowlby		<b>Transaction ID:</b> SB30B.24627 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 3 / 2 0 0 6</div> </div>
Mailing Address 250 Femrite Drive		<b>Amount of Each Disbursement this Period</b> <div>716.49</div>
City Madison State WI Zip Code 53716		
Purpose of Disbursement Payroll	<div>Category/Type</div>	
Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Dudley Bowlby		<b>Transaction ID:</b> SB30B.24628 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 6</div> </div>
Mailing Address 250 Femrite Drive		<b>Amount of Each Disbursement this Period</b> <div>797.07</div>
City Madison State WI Zip Code 53716		
Purpose of Disbursement Payroll	<div>Category/Type</div>	
Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

1742.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

**A.** Andrew Davis

Mailing Address 827 Michigan Ave

City South Milwaukee State WI Zip Code 53172

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.24629

Date of Disbursement

/   /

Amount of Each Disbursement this Period

798.75

Full Name (Last, First, Middle Initial)

**B.** Andrew Davis

Mailing Address 827 Michigan Ave

City South Milwaukee State WI Zip Code 53172

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.24630

Date of Disbursement

/   /

Amount of Each Disbursement this Period

798.76

Full Name (Last, First, Middle Initial)

**C.** Dean Care

Mailing Address PO Box 88610

City Milwaukee State WI Zip Code 53288

Purpose of Disbursement  
Employee Health Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.24631

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5787.31

**SUBTOTAL** of Disbursements This Page (optional) .....

7384.82

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

**A.** Dean Care

Mailing Address PO Box 88610

City Milwaukee State WI Zip Code 53288

Purpose of Disbursement  
Employee Health Insurance Cobra

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.24632

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1647.24

Full Name (Last, First, Middle Initial)

**B.** Robert Delaporte

Mailing Address 5657 Barbara Dr

City Fitchburg State WI Zip Code 53711

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.24633

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2072.63

Full Name (Last, First, Middle Initial)

**C.** Robert Delaporte

Mailing Address 5657 Barbara Dr

City Fitchburg State WI Zip Code 53711

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.24634

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2072.64

**SUBTOTAL** of Disbursements This Page (optional) .....

5792.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

**A.** Dept. of Workforce Development

Mailing Address PO Box 78960

City Milwaukee State WI Zip Code 53278

Purpose of Disbursement  
Unemployment Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.24635

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4049.68

Full Name (Last, First, Middle Initial)

**B.** Richard Dickie

Mailing Address 126 North Blair Street #1

City Madison State WI Zip Code 53703

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.24636

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1233.66

Full Name (Last, First, Middle Initial)

**C.** Richard Dickie

Mailing Address 126 North Blair Street #1

City Madison State WI Zip Code 53703

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.24637

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1093.38

**SUBTOTAL** of Disbursements This Page (optional) .....

6376.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Brett Frazier		<b>Transaction ID:</b> SB30B.24638 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 3 / 2 0 0 6</div> </div>
Mailing Address 380 W. Washington Ave, #409		<b>Amount of Each Disbursement this Period</b> <div>385.73</div>
City Madison State WI Zip Code 53703		
Purpose of Disbursement Payroll	<div>Category/ Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Brett Frazier		<b>Transaction ID:</b> SB30B.24639 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 6</div> </div>
Mailing Address 380 W. Washington Ave, #409		<b>Amount of Each Disbursement this Period</b> <div>334.75</div>
City Madison State WI Zip Code 53703		
Purpose of Disbursement Payroll	<div>Category/ Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Jason Gammeter		<b>Transaction ID:</b> SB30B.24640 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 3 / 2 0 0 6</div> </div>
Mailing Address 367 East Monroe St		<b>Amount of Each Disbursement this Period</b> <div>340.01</div>
City Wycena State WI Zip Code 53969		
Purpose of Disbursement Payroll	<div>Category/ Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1060.49

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Jason Gammeter		<b>Transaction ID:</b> SB30B.24641 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 6</div> </div>
Mailing Address 367 East Monroe St		<b>Amount of Each Disbursement this Period</b> <div>448.67</div>
City Wyocena State WI Zip Code 53969		
Purpose of Disbursement Payroll	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Benjamin Gorges		<b>Transaction ID:</b> SB30B.24642 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 3 / 2 0 0 6</div> </div>
Mailing Address 716 E Grand Ave #215		<b>Amount of Each Disbursement this Period</b> <div>798.74</div>
City Eau Claire State WI Zip Code 54703		
Purpose of Disbursement Payroll	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Benjamin Gorges		<b>Transaction ID:</b> SB30B.24643 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 6</div> </div>
Mailing Address 716 E Grand Ave #215		<b>Amount of Each Disbursement this Period</b> <div>798.74</div>
City Eau Claire State WI Zip Code 54703		
Purpose of Disbursement Payroll	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2046.15

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Guardian</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 95101 City Chicago State IL Zip Code 60694 Purpose of Disbursement Employee Dental Ins Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.24644</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 1215.87
<b>B. Jeff Harvey</b> Full Name (Last, First, Middle Initial) Mailing Address 2937 Fish Hatchery Rd #112 City Madison State WI Zip Code 53713 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.24645</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 1452.70
<b>C. Jeff Harvey</b> Full Name (Last, First, Middle Initial) Mailing Address 2937 Fish Hatchery Rd #112 City Madison State WI Zip Code 53713 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.24646</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 2018.17

**SUBTOTAL** of Disbursements This Page (optional) .....

**4686.74**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

**A.** Heartland Litho

Mailing Address 2087 Atwood Avenue

City Madison State WI Zip Code 53704

Purpose of Disbursement  
Printing (not FEA)

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.24647

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 7 / 1 8 / 2 0 0 6

Amount of Each Disbursement this Period

407.23

Full Name (Last, First, Middle Initial)

**B.** Donna Heimbach

Mailing Address 3002 Dianne Drive

City Middleton State WI Zip Code 53562

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.24648

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 7 / 1 3 / 2 0 0 6

Amount of Each Disbursement this Period

372.51

Full Name (Last, First, Middle Initial)

**C.** Donna Heimbach

Mailing Address 3002 Dianne Drive

City Middleton State WI Zip Code 53562

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.24649

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 7 / 3 1 / 2 0 0 6

Amount of Each Disbursement this Period

738.06

**SUBTOTAL** of Disbursements This Page (optional) .....

1517.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial)  
IRS

Mailing Address Payment Center

City State Zip Code  
Kansas City MO 64999

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB30B.24621

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 13 / 2006

Amount of Each Disbursement this Period

7346.64

B. Full Name (Last, First, Middle Initial)  
IRS

Mailing Address Payment Center

City State Zip Code  
Kansas City MO 64999

Purpose of Disbursement

940 Deposit/Unemployment Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB30B.24620

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 15 / 2006

Amount of Each Disbursement this Period

426.39

C. Full Name (Last, First, Middle Initial)  
IRS

Mailing Address Payment Center

City State Zip Code  
Kansas City MO 64999

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB30B.24622

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 30 / 2006

Amount of Each Disbursement this Period

7316.68

SUBTOTAL of Disbursements This Page (optional) .....

15089.71

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Kimberly Jorns		<b>Transaction ID:</b> SB30B.24650 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 3 / 2 0 0 6</div> </div>
Mailing Address 233 N. Broadway #136		<b>Amount of Each Disbursement this Period</b> <div>1291.74</div>
City De Pere State WI Zip Code 54115		
Purpose of Disbursement Payroll	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Kimberly Jorns		<b>Transaction ID:</b> SB30B.24651 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 6</div> </div>
Mailing Address 233 N. Broadway #136		<b>Amount of Each Disbursement this Period</b> <div>1291.74</div>
City De Pere State WI Zip Code 54115		
Purpose of Disbursement Payroll	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Brian Kind		<b>Transaction ID:</b> SB30B.24652 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 3 / 2 0 0 6</div> </div>
Mailing Address 6403 Alison Ln		<b>Amount of Each Disbursement this Period</b> <div>1495.32</div>
City Madison State WI Zip Code 53711		
Purpose of Disbursement Payroll	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<div>4078.80</div>
<b>TOTAL</b> This Period (last page this line number only) .....		



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Brian Kind		<b>Transaction ID:</b> SB30B.24653 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 6</div> </div>
Mailing Address 6403 Alison Ln		<b>Amount of Each Disbursement this Period</b> <div>1495.34</div>
City Madison State WI Zip Code 53711		
Purpose of Disbursement Payroll	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Jill Latham		<b>Transaction ID:</b> SB30B.24654 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 3 / 2 0 0 6</div> </div>
Mailing Address 5550 Caddis Bend #405		<b>Amount of Each Disbursement this Period</b> <div>1399.14</div>
City Fitchburg State WI Zip Code 53711		
Purpose of Disbursement Payroll	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Jill Latham		<b>Transaction ID:</b> SB30B.24655 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 6</div> </div>
Mailing Address 5550 Caddis Bend #405		<b>Amount of Each Disbursement this Period</b> <div>1500.16</div>
City Fitchburg State WI Zip Code 53711		
Purpose of Disbursement Payroll	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

**4394.64**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Larry Loomis		<b>Transaction ID:</b> SB30B.24656 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 3 / 2 0 0 6</div> </div>
Mailing Address 3157 Muir Field Road #47		<b>Amount of Each Disbursement this Period</b> <div>502.71</div>
City Madison State WI Zip Code 53719		
Purpose of Disbursement Payroll	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Larry Loomis		<b>Transaction ID:</b> SB30B.24657 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 6</div> </div>
Mailing Address 3157 Muir Field Road #47		<b>Amount of Each Disbursement this Period</b> <div>495.61</div>
City Madison State WI Zip Code 53719		
Purpose of Disbursement Payroll	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Ryan Mahoney		<b>Transaction ID:</b> SB30B.24658 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 3 / 2 0 0 6</div> </div>
Mailing Address 7608 Hamilton Spring Rd		<b>Amount of Each Disbursement this Period</b> <div>210.85</div>
City Bethesda State MD Zip Code 20817		
Purpose of Disbursement Payroll	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

1209.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

**A.** Ryan Mahoney

Mailing Address 7608 Hamilton Spring Rd

City Bethesda State MD Zip Code 20817

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.24659

Date of Disbursement

/   /

Amount of Each Disbursement this Period

58.87

Full Name (Last, First, Middle Initial)

**B.** Thomas Mooney

Mailing Address 163 Avon St. Apt 4

City La Crosse State WI Zip Code 54603

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.24660

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1026.89

Full Name (Last, First, Middle Initial)

**C.** Thomas Mooney

Mailing Address 163 Avon St. Apt 4

City La Crosse State WI Zip Code 54603

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.24661

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1021.17

**SUBTOTAL** of Disbursements This Page (optional) .....

2106.93

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Jeffery Noltner		<b>Transaction ID:</b> SB30B.24662 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 3 / 2 0 0 6</div> </div>
Mailing Address 1543 Langley Lane		<b>Amount of Each Disbursement this Period</b> <div>13.29</div>
City Madison State WI Zip Code 53718		
Purpose of Disbursement Payroll	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Jeffery Noltner		<b>Transaction ID:</b> SB30B.24663 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 6</div> </div>
Mailing Address 1543 Langley Lane		<b>Amount of Each Disbursement this Period</b> <div>54.43</div>
City Madison State WI Zip Code 53718		
Purpose of Disbursement Payroll	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Leslie Oehmen		<b>Transaction ID:</b> SB30B.24664 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 3 / 2 0 0 6</div> </div>
Mailing Address 5018 Paulson Court #3		<b>Amount of Each Disbursement this Period</b> <div>537.17</div>
City McFarland State WI Zip Code 53558		
Purpose of Disbursement Payroll	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<div>604.89</div>
<b>TOTAL</b> This Period (last page this line number only) .....		

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Leslie Oehmen			<b>Transaction ID:</b> SB30B.24665 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 3 / 2 0 0 6</div> </div>	
Mailing Address 5018 Paulson Court #3			<b>Amount of Each Disbursement this Period</b> <div>1729.85</div>	
City McFarland State WI Zip Code 53558				
Purpose of Disbursement Payroll				
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
<b>B.</b> Full Name (Last, First, Middle Initial) Leslie Oehmen			<b>Transaction ID:</b> SB30B.24666 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 6</div> </div>	
Mailing Address 5018 Paulson Court #3			<b>Amount of Each Disbursement this Period</b> <div>2145.69</div>	
City McFarland State WI Zip Code 53558				
Purpose of Disbursement Payroll				
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
<b>C.</b> Full Name (Last, First, Middle Initial) Sherrie Osegard			<b>Transaction ID:</b> SB30B.24667 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 3 / 2 0 0 6</div> </div>	
Mailing Address 2346 Talc Trail #208			<b>Amount of Each Disbursement this Period</b> <div>904.15</div>	
City Madison State WI Zip Code 53719				
Purpose of Disbursement Payroll				
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

4779.69

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

**A.** Sherrie Osegard

Mailing Address 2346 Talc Trail #208

City Madison State WI Zip Code 53719

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.24668

Date of Disbursement

/   /

Amount of Each Disbursement this Period

926.65

Full Name (Last, First, Middle Initial)

**B.** Scott Poole

Mailing Address 445 West Gilman #202

City Madison State WI Zip Code 53703

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.24669

Date of Disbursement

/   /

Amount of Each Disbursement this Period

520.98

Full Name (Last, First, Middle Initial)

**C.** Scott Poole

Mailing Address 445 West Gilman #202

City Madison State WI Zip Code 53703

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB30B.24670

Date of Disbursement

/   /

Amount of Each Disbursement this Period

417.51

**SUBTOTAL** of Disbursements This Page (optional) .....

1865.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) James Sanders		<b>Transaction ID:</b> SB30B.24671 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td> <td>1</td><td>3</td><td></td> <td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	3		2	0	0	6													
Mailing Address 4510 Texas Trail		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>522.44</td> </tr> </table>	522.44																			
522.44																						
City Madison State WI Zip Code 53704	<b>Category/Type</b> <table border="1"> <tr> <td></td> </tr> </table>																					
Purpose of Disbursement Payroll																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
<b>B.</b> Full Name (Last, First, Middle Initial) James Sanders		<b>Transaction ID:</b> SB30B.24672 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td> <td>3</td><td>1</td><td></td> <td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		3	1		2	0	0	6													
Mailing Address 4510 Texas Trail		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>588.73</td> </tr> </table>	588.73																			
588.73																						
City Madison State WI Zip Code 53704	<b>Category/Type</b> <table border="1"> <tr> <td></td> </tr> </table>																					
Purpose of Disbursement Payroll																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
<b>C.</b> Full Name (Last, First, Middle Initial) Rick Wiley		<b>Transaction ID:</b> SB30B.24674 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td> <td>1</td><td>3</td><td></td> <td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	3		2	0	0	6													
Mailing Address 529 Aztalan Drive		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2074.24</td> </tr> </table>	2074.24																			
2074.24																						
City Madison State WI Zip Code 53718	<b>Category/Type</b> <table border="1"> <tr> <td></td> </tr> </table>																					
Purpose of Disbursement Payroll																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						

**SUBTOTAL** of Disbursements This Page (optional) .....

**3185.41**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 78

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

**A.** Rick Wiley

Mailing Address 529 Aztalan Drive

City Madison State WI Zip Code 53718

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.24675

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 31 2006

Amount of Each Disbursement this Period

1949.81

Full Name (Last, First, Middle Initial)

**B.** Joshua Wilson

Mailing Address 641 West Main Street

City Madison State WI Zip Code 53703

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.24676

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 13 2006

Amount of Each Disbursement this Period

430.98

Full Name (Last, First, Middle Initial)

**C.** Joshua Wilson

Mailing Address 641 West Main Street

City Madison State WI Zip Code 53703

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.24677

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 31 2006

Amount of Each Disbursement this Period

485.94

**SUBTOTAL** of Disbursements This Page (optional) .....

2866.73

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 78

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

**A.** Wisc. Dept of Revenue

Mailing Address PO Box 93208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.24678

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1446.39

Full Name (Last, First, Middle Initial)

**B.** Wisc. Dept of Revenue

Mailing Address PO Box 93208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB30B.24679

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1460.05

**SUBTOTAL** of Disbursements This Page (optional) .....

2906.44

**TOTAL** This Period (last page this line number only) .....

76111.95

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 66 / 78

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Transaction ID: SC/10.6376

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

M&amp;I Bank of Southern Wisconsin

Mailing Address P.O. Box 5920

City Madison

State WI

ZIP Code

53705

Election:

☐ Primary☐ General☐ Other (specify) ▼

Original Amount of Loan

110000.00

Cumulative Payment To Date

69000.00

Balance Outstanding at Close of This Period

41000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 1D D  
0 9Y Y Y Y  
2 0 0 2

04/30/02

5.75 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶

41000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 67 / 78

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Transaction ID: SC/10.10726

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

M&amp;I Bank of Southern Wisconsin

Mailing Address P.O. Box 5920

City Madison

State WI

ZIP Code 53705

Election:

☐ Primary☐ General☐ Other (specify) ▼

Original Amount of Loan

34000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

34000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 2D D  
3 1Y Y Y Y  
2 0 0 3

5.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

34000.00

**TOTALS** This Period (last page in this line only) ▶

75000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 68 / 78

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS-DCI

Nature of Debt (Purpose):  
prospecting calls - not  
FEA

Mailing Address 2401 W Behrend Drive STE 7

City State ZIP Code  
Phoenix AZ 85027

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.24858

Amount Incurred This Period

18662.55

Payment This Period

0.00

Outstanding Balance at Close of This Period

18662.55

1) **SUBTOTALS** This Period This Page (optional)..... ▶

18662.55

2) **TOTALS** This Period (last page this line number only)..... ▶

18662.55

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 69 / 78

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A. Full Name (Last, First, Middle Initial)**  
 Ameritech

Mailing Address

Bill Payment Center

City	State	Zip Code
Saginaw	MI	48663

 Purpose of Disbursement:  
 Phone Bill
Category/  
Type
 Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

93708.97

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	0	6

Transaction ID: H4.24567

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

165.35

622.01

787.36

**B. Full Name (Last, First, Middle Initial)**  
 MG&E

Mailing Address

PO Box 1231

City	State	Zip Code
Madison	WI	53701

 Purpose of Disbursement:  
 Utility Bill
Category/  
Type
 Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

94287.75

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	0	6

Transaction ID: H4.24585

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

121.54

457.24

578.78

**C. Full Name (Last, First, Middle Initial)**  
 Ameritech

Mailing Address

Bill Payment Center

City	State	Zip Code
Saginaw	MI	48663

 Purpose of Disbursement:  
 Phone Bill
Category/  
Type
 Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

94855.16

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	8	/	2	0	0	6

Transaction ID: H4.24566

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

119.16

448.25

567.41

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

406.05

1527.50

1933.55

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 70 / 78

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A. Full Name (Last, First, Middle Initial)**  
Ameritech

Mailing Address

Bill Payment Center

City	State	Zip Code
Saginaw	MI	48663

Purpose of Disbursement:  
Phone BillCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

95633.84

Date 07 / 18 / 2006

Transaction ID: H4.24568

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
163.52		615.16		778.68

**B. Full Name (Last, First, Middle Initial)**  
APC

Mailing Address

6470 East Johns Crossing Suite 100

City	State	Zip Code
Duluth	GA	30097

Purpose of Disbursement:  
TeleconferencingCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

95761.62

Date 07 / 18 / 2006

Transaction ID: H4.24569

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.83		100.95		127.78

**C. Full Name (Last, First, Middle Initial)**  
AT&T

Mailing Address

PO Box 9001309

City	State	Zip Code
Louisville	KY	40290-1309

Purpose of Disbursement:  
Phone BillCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

95993.72

Date 07 / 18 / 2006

Transaction ID: H4.24570

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
48.74		183.36		232.10

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
239.09		899.47		1138.56

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 71 / 78

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A. Full Name (Last, First, Middle Initial)**  
 AT&T Capital Services

Mailing Address

13160 Collections Center Drive

City	State	Zip Code
Chicago, IL 60693	IL	60693

 Purpose of Disbursement:  
 Phone Lease
Category/  
Type
 Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

96437.09

Date 07 / 18 / 2006

Transaction ID: H4.24571

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

93.11

350.26

443.37

**B. Full Name (Last, First, Middle Initial)**  
 Badgerland Chemical & Supply

Mailing Address

PO Box 620303

City	State	Zip Code
Middleton	WI	53562

 Purpose of Disbursement:  
 Cleaning Supplies
Category/  
Type
 Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

96473.59

Date 07 / 18 / 2006

Transaction ID: H4.24574

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

7.67

28.83

36.50

**C. Full Name (Last, First, Middle Initial)**  
 Capital Newspapers

Mailing Address

PO Box 8759

City	State	Zip Code
Madison	WI	53708

 Purpose of Disbursement:  
 Subscription Renewal
Category/  
Type
 Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

96860.79

Date 07 / 18 / 2006

Transaction ID: H4.24575

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

81.31

305.89

387.20

## **SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

182.09

684.98

867.07

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 72 / 78

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A. Full Name (Last, First, Middle Initial)**  
Charter Communications

Mailing Address

135 South LaSalle Street Dept 8123

City	State	Zip Code
Chicago	IL	60674

Purpose of Disbursement:  
Cable Hook upCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

96996.73

Date 07 / 18 / 2006

Transaction ID: H4.24576

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.55		107.39		135.94

**B. Full Name (Last, First, Middle Initial)**  
Choles Floral

Mailing Address

1135 Regent Street

City	State	Zip Code
Madison	WI	53715

Purpose of Disbursement:  
GiftsCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97056.73

Date 07 / 18 / 2006

Transaction ID: H4.24577

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.60		47.40		60.00

**C. Full Name (Last, First, Middle Initial)**  
City Treasurer - Water/Sewer

Mailing Address

PO Box 2997

City	State	Zip Code
Madison	WI	53701

Purpose of Disbursement:  
Water BilldCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97469.11

Date 07 / 18 / 2006

Transaction ID: H4.24579

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
86.60		325.78		412.38

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
127.75		480.57		608.32

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 73 / 78

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A. Full Name (Last, First, Middle Initial)**  
 CMS

Mailing Address

P.O. Box 628306

City	State	Zip Code
Middleton	WI	53562

Purpose of Disbursement:  
 Cleaning Service

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

98465.11

Date 

M	M
0	7

 / 

D	D
1	8

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.24580

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

209.16

786.84

996.00

**B. Full Name (Last, First, Middle Initial)**  
 FedEx

Mailing Address

PO Box 1140

City	State	Zip Code
Memphis	TN	38101

Purpose of Disbursement:  
 Acct#1033-0214-5

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

98475.96

Date 

M	M
0	7

 / 

D	D
1	8

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.24581

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

2.28

8.57

10.85

**C. Full Name (Last, First, Middle Initial)**  
 GFC Leasing

Mailing Address

PO Box 1129

City	State	Zip Code
Madison	WI	53701

Purpose of Disbursement:  
 Copier Lease

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

99575.56

Date 

M	M
0	7

 / 

D	D
1	8

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.24582

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

230.92

868.68

1099.60

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

442.36

1664.09

2106.45

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 74 / 78

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A. Full Name (Last, First, Middle Initial)**  
Gordon Flesch Company

Mailing Address  
PO Box 992

City State Zip Code  
Madison WI 53701

Purpose of Disbursement:  
Toner
Category/  
Type
Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

99834.79

Date 

M	M
0	7

 / 

D	D
1	8

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.24583

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

54.44

204.79

259.23

**B. Full Name (Last, First, Middle Initial)**  
J & B Lawn Service

Mailing Address  
3554 Lake Farm Rd

City State Zip Code  
Madison WI 53711

Purpose of Disbursement:  
Lawn Care
Category/  
Type
Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

100002.54

Date 

M	M
0	7

 / 

D	D
1	8

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.24584

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

35.23

132.52

167.75

**C. Full Name (Last, First, Middle Initial)**  
MG&E

Mailing Address  
PO Box 1231

City State Zip Code  
Madison WI 53701

Purpose of Disbursement:  
Utility Bills
Category/  
Type
Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

100754.87

Date 

M	M
0	7

 / 

D	D
1	8

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.24586

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

157.99

594.34

752.33

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

247.66

931.65

1179.31

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 75 / 78  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A. Full Name (Last, First, Middle Initial)**  
Neenah Springs

Mailing Address

PO Box 9

 City State Zip Code  
Oxford WI 53952

Purpose of Disbursement:

Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

100808.35

 Date M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 0 6

Transaction ID: H4.24587

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

11.23

42.25

53.48

**B. Full Name (Last, First, Middle Initial)**  
Office Depot

Mailing Address

PO Box 9027

 City State Zip Code  
Des Moines IA 50368

 Purpose of Disbursement:  
Office Supplies
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

101161.51

 Date M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 0 6

Transaction ID: H4.24588

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

74.16

279.00

353.16

**C. Full Name (Last, First, Middle Initial)**  
Office Max

Mailing Address

2420 East Springs Dr

 City State Zip Code  
Madison WI 53701

Purpose of Disbursement:

Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

101224.73

 Date M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 0 6

Transaction ID: H4.24589

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.00

63.22

63.22

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

85.39

384.47

469.86

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 76 / 78  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A. Full Name (Last, First, Middle Initial)**  
Preferred Office Systems

Mailing Address

PO Box 530

City	State	Zip Code
N. Hollywood	CA	91603-0530

Purpose of Disbursement:  
Cannon Toners

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

101742.65

Date 

M	M
0	7

 / 

D	D
1	8

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.24590

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

108.76

409.16

517.92

**B. Full Name (Last, First, Middle Initial)**  
SBC Long Distance

Mailing Address

P.O. Box 660688

City	State	Zip Code
Dallas	TX	75266

Purpose of Disbursement:

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

103543.99

Date 

M	M
0	7

 / 

D	D
1	8

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.24592

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

378.28

1423.06

1801.34

**C. Full Name (Last, First, Middle Initial)**  
The Capital Times

Mailing Address

PO Box 8975

City	State	Zip Code
Madison	WI	53708

Purpose of Disbursement:  
Subscription Renewal

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

103563.99

Date 

M	M
0	7

 / 

D	D
1	8

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.24593

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

4.20

15.80

20.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

491.24

1848.02

2339.26

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 77 / 78

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A. Full Name (Last, First, Middle Initial)**  
Waste Management

Mailing Address

PO Box 9001505

City	State	Zip Code
Louisville	KY	40290

Purpose of Disbursement:  
Rubbish Removal

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

103805.80

Date 

M	M
0	7

 / 

D	D
1	8

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.24594

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

50.78

191.03

241.81

**B. Full Name (Last, First, Middle Initial)**  
Wisc. Dept of Revenue - Sls Tax

Mailing Address

PO Box 93389

City	State	Zip Code
Milwaukee	WI	53293

Purpose of Disbursement:  
Sales and Use Tax

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

104610.15

Date 

M	M
0	7

 / 

D	D
3	0

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.24596

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

168.91

635.44

804.35

**C. Full Name (Last, First, Middle Initial)**  
City of Madison Treasurer

Mailing Address

215 Martin Luther King Blvd

City	State	Zip Code
Madison	WI	53701

Purpose of Disbursement:  
Property Taxes

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

110097.26

Date 

M	M
0	7

 / 

D	D
3	1

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.24578

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1152.29

4334.82

5487.11

## **SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1371.98

5161.29

6533.27

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

3593.61

13582.04

17175.65

Image# 26960655344

Form/Schedule: **SC/10** On 12/30/02, we made a \$25,000 draw on our line of credit. It is shown as an accrual under the loan payments.  
Transaction ID: **SC/10.6376** FEC Tech Support has advised this procedure to show a draw on the line of credit

\*\*\*\*\*